

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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43	/					
44	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
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99						
100						
TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	46		↔	↔	↔	↔
TOTAL CLAIMS	46					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS